

State of Indiana Employee Plan Information

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1) Type of medical plan: HDHP with HSA Plan Year: 1/1/2020 - 12/31/2020 Is the plan fully insured or self insured: Self Insured	Sample for 2020
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	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	10,729	\$ 5,628.48	\$ 60,387,961.92
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	13,424	\$ 16,933.80	\$ 227,319,331.20
		Total Employer Plan Cost	\$ 287,707,293.12

Name of medical plan : Consumer Driven Health Plan 2 (CDHP 2) Type of medical plan: HDHP with HSA Plan Year: 1/1/2020 - 12/31/2020 Is the plan fully insured or self insured: Self Insured	
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	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	1,046	\$ 5,965.44	\$ 6,239,850.24
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	756	\$ 17,607.72	\$ 13,311,436.32
		Total Employer Plan Cost	\$ 19,551,286.56

Name of medical plan : Traditional PPO Type of medical plan: PPO Plan Year: 1/1/2020 - 12/31/2020 Is the plan fully insured or self insured: Self Insured	
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	No. of Enrollees	Annual Employer Contribution	Total Annual Cost
Employee Only Coverage	215	\$ 6,753.24	\$ 1,451,946.60
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	47	\$ 19,183.32	\$ 901,616.04
		Total Employer Plan Cost	\$ 2,353,562.64

1	Total number of health insurance eligible employees including Board members and legal counsel (do not include dependents or retirees)	30,806
1a	How many of your health insurance eligible employees are teachers?	
2	Are all individuals insured under the school corporation's employee health coverage eligible for the same plans?	Y
2a	If your answer is "N", please explain how your practice comports with IC 20-26-17-5(4)(A).	
3	How many employees receive compensation for electing not to enroll in the group health insurance program?	0
4	What is the annual dollar amount paid to employees to elect not to enroll in the group health insurance program?	\$ -
5	Additional compensation, if any, provided to member(s) to offset the cost of health care coverage?	\$ -
5a	Please provide an explanation of any arrangements.	
5b	Is your pharmacy benefit carved in with the medical carrier, or carved out to a stand-alone pharmacy benefit manager?	Carved Out
5c	Is the pricing negotiated under a group purchasing arrangement (collective, consortium, trust)?	N
5d	What percentage of your cost is attributed to a pharmacy?	15
6	Does your school corporation offer/sponsor an on-site clinic?	Y
6a	If so, is it funded outside the health plan?	N
6b	If funded outside of the health plan, what is the annual dollar amount spent on the on site clinic?	
7	Total number of employees including Board members and legal counsel enrolled in your health plans	26,217
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan Cost" from Section 2 for all health plans offered by your school corporation)	\$ 309,612,142.32
9	Total annual employer contributions for all participants to a Health Savings Account (HSA), Health Reimbursement Account (HRA), Medical Flexible Spending Account (FSA), or Active VEBA	\$ 40,981,959.72
10	Total Broker or Benefit Consultant fees paid if they are not included in the premium.	\$ -
11	Sum of lines 5,8,9 & 10	\$ 350,594,102.04
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$ 13,372.78